

Adult Residential Care Settings Rule Compliance Checklist

Location: Edgewood Mandan

Contact: Josie Keeler

Medicaid Consumers: 6

Site Visit

8/22/2024

Date:

Licensed Beds/Current Census: 22 / 22

Visit Completed by: Erica Reiner &

Heather Lindsley

HCBS Setting Requirements establish an outcome-oriented definition that focuses on the nature and quality of individuals experiences. The requirements maximize opportunities for individuals to have access to the benefits of community living and to receive services in the most integrated setting.

Requirements	Meets	Does Not Meet	Comments
Facility is selected by the individual from among settings options including non-disability specific settings and an option for a private unit in a residential setting.	X		
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	X		
Is integrated in and supports access to the greater community	X		
Optimizes individual initiative, autonomy, and independence in making life choices	X		
Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint	X		
Facilitates individual choice regarding services and supports and who provides them	X		
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS	X		
Person-centered service plan (HCBS)	X		
The individual has a lease or other legally enforceable agreement providing similar protections	X		
The individual has privacy in their unit including lockable doors, choice or roommates and freedom to furnish or decorate unit	X		
The individual controls his/her own schedule including access to food at all times	X		
The individual can have visitors at any time	X		
The setting is physically accessible	X		
Must be timely and occur at times/locations convenient to all involved.	X		
Reflects cultural considerations/uses plain language	X		
Discusses individual preference for community integration within and outside the setting.	X		
Includes strategies for solving disagreement	X		
Offers choices to the individual regarding services and supports the individual receives and from whom	X		
Provides method to request updates	X		
Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	X		
Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes	X		
May include whether and what services are self-directed and includes risks and plan to minimize them	X		
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others	X		
Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary	X		

Date of Review of Evidence Package by Aging Services Section

Reviewed by the following staff:

Erica Reiner, Heather
HCBS Lindsley,
Program HCBS
Administrator Program
Administrator

Recommendations to Meet Compliance:

Date of Compliance with above Recommendations:

10/22/2024

Aging Services Decision:

X **Setting Fully Complies**
Setting with additional changes will fully comply

Setting issued temporary compliance with need to submit a Corrective Action Plan to include the intent to become compliant with the community integration regulations of the HCBS Settings Final Rule Medicaid Waiver 1915(c) Adult Residential Care Services.

Does not/cannot meet HCB Settings Requirements

Evidence package must be submitted to CMS for heightened scrutiny because the facility is presumed to have institutional qualities based on one or more of the following:

Setting is in a publicly or privately-operated facility that provides inpatient institutional treatment;

Setting is in a building on the grounds of, or adjacent to, a public institution;

Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals

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Date of Review of Evidence Package by the HCBS

Reviewed by the following Committee members:

Nancy Nikolas Maier, Director of Aging Services
Karla Backman, State Long Term Care Ombudsman Administrator
Karla Kalanek, Developmental Disabilities Program Administrator
Katherine Barchenger, State Autism Coordinator
Erica Reiner, HCBS Program Administrator
Kathryn Good, HCBS Program Administrator
Russ Korzeniewski, HHS
Heidi Zander, Developmental Disability Program Administrator

Recommendations to Meet Compliance:

Date of Compliance with above Recommendations:

Committee Decision:

- ☐ **Setting Fully Complies**
- ☐ **Setting with additional changes will fully comply**
- ☐ **Setting issued temporary compliance with need to submit a Corrective**
- ☐ **Does not/cannot meet HCB Settings Requirements**
- ☐ **Evidence package must be submitted to CMS for heightened scrutiny**
 - ☐ **Setting is in a publicly or privately-operated facility that**
 - ☐ **Setting is in a building on the grounds of, or adjacent to, a public institution;**
 - ☐ **Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals**